



**Iowa Association of Community Providers**

*Mental Health and Disability Services:  
Iowa Medicaid Case Management*

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### *Mental Health and Disability Services: Iowa Medicaid Case Management*

#### **Executive Summary:**

The purpose of this paper is to review the existing Medicaid case management program in Iowa, to summarize best practices both in Iowa and across the country; and to make recommendations to improve the case management system as part of the mental health and disability services redesign efforts. Additionally, the recommendations of this paper are in alignment with the agency's principles of excellence as established by its Board of Directors in November 2010 and the 2012 legislative agenda.

#### **Uniformity**

##### *Current System:*

In the state of Iowa Medicaid case management services are selected through individual county plans as determined by the county Central Point of Coordination (CPC). Counties have the ability to contract with a variety of providers including county case management; the Department of Human Service (DHS) case management and private case management agencies. Counties are not required to contract with multiple case management agencies which depending on individual county plan, may limit consumer choice of case management service provider.

Consumers on the HCBS Ill and Handicapped Waiver currently have no option for case management services but are instead assigned a service worker to coordinate services through the DHS. A search of Iowa code does not demonstrate these service workers meet current case management requirements; nor does it indicate DHS draws down federal dollars to provide this service.

##### *Best Practices:*

The Kaiser Commission issued an Executive Summary report in February 2011, which revealed several states had policies in place to ensure conflict-free practices.

**New Jersey** expanded its pool of providers to offer choice and members are now asked to sign a document to demonstrate they have selected their service providers.

In **Iowa/Polk County** all case management agencies (5) review choices of providers annually for all services, including case management, and each Medicaid member signs indicating receipt of information. Members and guardians are given a brochure describing case management services so they are aware what exactly the service is they are making a choice about. Case Management providers utilize an informational brochure that is reviewed with each member/guardian regarding how to make informed decisions when choosing a service provider.

*Recommendations:*

1. Providers of case management services shall contract with Iowa Medicaid Enterprise for the provision of statewide case management services. Providers of this services shall not be determined by the region, case management is a Medicaid service which coordinates services primarily funded by Medicaid, therefore this function should not be under the purview of the Regional Administrator, rather by Medicaid member choice.
2. Expansion of Iowa Administrative Code 441 Chapter 90 "Targeted Case Management Service" definition to include all populations served under all of Iowa's seven HCBS Waivers. Currently, the Ill and Handicapped Waiver utilizes Iowa DHS Service Coordinators, which offers no choice to the Medicaid member for case management providers.
3. Members will be given choice of multiple (minimum 3+) case management entities and (minimum 3+) service providers. This decision/choice shall be documented in the individual member client file, the ISIS system and the outcome evaluation system.

**Qualifications and Training**

*Current System:*

Iowa Administrative Code 441 Chapter 24.1 states:

"Qualified case managers and supervisors" means people who have the following qualifications:

1. A bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field (including, but not limited to, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy) and at least one year of experience in the delivery of services to the population groups that the person is hired as a case manager or case management supervisor to serve; or

2. An Iowa license to practice as a registered nurse and at least three years of experience in the delivery of services to the population group the person is hired as a case manager or case management supervisor to serve.

People employed as case management supervisors on or before August 1, 1993, who do not meet these requirements shall be considered to meet these requirements as long as they are continuously employed by the same case management provider.

*\*\*Currently Iowa law does not require case managers to have specific training and certification to work with Medicaid members. Chapter 24 requires each case management provider to develop a training plan. There is no requirement the training be relevant to current issues, services and population.*

*Best Practices:*

In the state of **Rhode Island** the mental health authority has partnered with the provider association to certify case managers. This training consists of 59 hours of

content specifically aimed at increasing competence working with specific populations.

*Recommendations:*

1. Repeal Iowa Administrative Code 441 Chapter 24.1 (“Qualified case managers and supervisors” definition); and replace with:
  - a) Case managers must possess a Bachelors degree in a human service related field.
  - b) Must have a minimum of two years experience of service delivery to population(s).
  - c) Must be trained and certified to work with each population (Brain Injury, Chronic Mental Illness, Intellectual Disability) served:
    - 1) Initial training of 30 hours for each population served within 12 months of employment (*development of modules for each population through the College of Direct Supports (CDS) based on Rhode Island curriculum outline*). If case manager works with two of three populations then 60 hours of training would be required and 90 hours if they work with all three populations.
    - 2) Ongoing requirement of a minimum of 10 hours annually utilizing CDS specific curriculum according to population served.
  - d) All existing case managers and case management supervisors must become certified within 24 months of enactment of legislation.

**Assessment**

*Current System:*

Case managers complete functional assessment tools for multiple populations using one single functional assessment tool. This tool is general and does not reflect the needs of specific populations that make them eligible for waiver services. Currently, this assessment is conducted inconsistently throughout the state and the level of family and provider involvement varies greatly, thereby often times rendering the results of the assessment inaccurate.

The current Iowa Mental Health and Disability Redesign efforts resulted in the recommendation of a functional assessment tool to be approved by the state commission.

*Best Practices:*

The Kaiser report reflects that the state of **Maine** employs nurses to conduct functional eligibility assessments. However, these nurses are hired from agencies independent from the state. **Texas** uses a third party vendor to make functional assessment determinations to maintain conflict-free case management; and **Minnesota** opts to utilize certified assessors who conduct the functional assessment which will be available to the case manager. In **Minnesota**, it appears procedural

safeguards are in place for those situations when a case manager is also a certified assessor. In this instance, the case manager will not be permitted to perform the functional assessment as a certified assessor if they are also serving the member in a case management capacity.

**Polk County** currently utilizes a level of support assessment for service planning and evaluation, secondary transition testing, eligibility determination for service, reporting progress, and for use in funding reports.

*Recommendations:*

1. Develop and utilize assessment tools that specifically address the needs of populations being served in addition to addressing potential areas of vulnerabilities regarding safety and welfare.
2. Contract with a third-party entity to complete assessments, which shall be separate from case management or the provider.

**Grievance and Appeals**

*Current System:*

The system utilizes several different procedures and venues for handling appeals and grievances including case management supervisors, the county Central Point of Coordination, the county Board of Supervisors, Administrative Law Judges and the Director of the Department of Human Services.

In 1999, the United States Supreme Court in the Olmstead v. L.C. decision interpreted the Title II of the American with Disabilities Act (ADA) to include supporting people with disabilities in the most integrated setting possible. The decision applies to people of any age who have a disability. The Olmstead decision played an important role in the expansion of consumer-directed services in Iowa. When decisions for service availability are based on fiscal considerations in lieu of Medicaid member needs; there is an inherent lack of an independent and impartial appeal process for Medicaid members. This type of decision process violates member rights based upon the Olmstead decision.

*Best Practices:*

The state of **Minnesota** utilizes a uniform statewide process for appeals. This process has safeguards in place to assure impartial and an equitable decision making process. An individual who has no fiscal interest in the decision handles the appeal.

*Recommendations:*

An administrative approach should be developed to allow a more transparent and credible system; one less apt to violate consumers' due process rights which could result in potentially costly litigation. In addition to conflict-free case management, it is recommended there also be conflict-free due process rights in regard to a

member's right to appeal a decision regarding services. This will ensure a uniform and consistent appeal process, regardless of the case management entity.

1. It is recommended Administrative Law Judges (ALJ) with the Iowa Department of Inspection and Appeals address all appeals and grievances with respect to adverse decisions regarding a member's funding or services; and appeals from the ALJ decisions be filed in district court.
2. All Notice of Decision forms shall provide Medicaid members and their legal guardians with their rights to appeal, how to file an appeal, important time limits and a list of potential advocacy agencies to assist in the appeal process.

### **Accountability**

#### *Current System:*

Accountability in the case management system varies among providers of service. The Iowa Administrative Code 441 Chapter 24.3 requires a performance improvement system but allows the provider itself to self-identify rather than require uniform outcome expectations across the system to measure best practices. Areas of concern include oversight by individuals with inherent fiscal conflicts of interest as a funder and lack of accountability for timely completion of needed documents for service provision (ie: service plans).

#### *Best Practices:*

Conflict-free case management is a service provided to members which includes the development of a service plan, arrangement for provision of services and supports, providing support to the member in directing the provision of services and supports for the member, and conducting ongoing monitoring to assure that services and supports are delivered to meet the member's needs and achieve intended outcomes. If a case manager is employed by a provider of service, under the plan the state must ensure that a conflict of interest does not exist that will result in the case manager making self referrals. Provisions also must ensure that the provision of case management is neither coerced nor a method restricts access to care or free choice of qualified providers.

*(Sources: H.R. 3590, Affordable Care Act, CMS: Limitations on Case Management Services-441.18)*

**Polk County** has defined outcomes and further conducts measurement of each case management agency on an annual basis to guide systems change efforts and to ensure customer satisfaction.

**Vermont** relies on state employees to provide oversight by employing long-term clinical coordinators, who are nurses, to review and approve care plans developed by the agencies who provide both case management and provider services. *(See Kaiser Report)*

*Recommendations:*

1. Case Management entities must be completely independent of service and funding decisions so that self-referral or coercion (per *H.R. 3590, Affordable Care Act, CMS: Limitations on Case Management Services-441.18*) does not occur. Require each entity that provides case management to adopt policies ensuring choice of case manager and services as currently utilized in **Polk County** (see above).
2. Amend Iowa Administrative Code 441 Chapter 24 to ensure compliance with standards of accreditation including rights, choice and outcomes.
3. An annual review process conducted by an independent entity, such as **Polk County's** practice whom contracts with the Law, Health Policy & Disability Center at the University of Iowa College of Law.

**Sources:**

Kaiser Commission on Medicaid and the Uninsured, *Helping Consumers Manage Long-Term Service Services and Supports in the Community: State Medicaid Program Activities*, February 2011.

*Innovative Models and Best Practices in Case Management and Support Coordination*, University of Minnesota, Institute on Community Integration, April 2008.

Polk County Health Services, *Case Management Outcome Evaluation*, Law, Health Policy & Disability Center, University of Iowa College of Law, August 2011.

Rhode Island Community Support Professional Certification Curriculum Outline (Elizabeth Earls, personal communication, January 26, 2012).

Minnesota Department of Human Services. (2010). Notice of Action, Home and Community-Based Waiver Programs and AC (DHS2828-ENG 11-10). St. Paul, Minnesota.